MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10,581414 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER 1" AMENDMENT 2 MAMENDMENT AS FILED I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND: DEP. IND. DEP. IND. DEP. _ TOTAL IND. TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS